County: Calumet CALUMET HOMESTEAD REHAB CENTER 1712 MONROE STREET

NEW HOLSTEIN 53061 Phone: (920) 898-4296
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 101
Total Licensed Bed Capacity (12/31/00): 101
Number of Residents on 12/31/00: 87

Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified?
Average Daily Census:

County
Skilled
No
Yes
93

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%			
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	% 	Age Groups	% 	Less Than 1 Year 1 - 4 Years	20. 7 50. 6
Supp. Home Care-Household Services Day Services	No No	Developmental Disabilities Mental Illness (Org./Psy)	1. 1 33. 3	Under 65 65 - 74	3. 4 6. 9	More Than 4 Years	28. 7
Respite Care	Yes	Mental Illness (Other)	2. 3 0. 0	75 - 84 85 - 94	34. 5 40. 2	**************	100.0
Adult Day Care Adult Day Health Care	No No	Al cohol & Other Drug Abuse Para-, Quadra-, Hemi pl egi c	1. 1	95 & 0ver	14. 9	Full-Time Equivaler	ıt
Congregate Meals Home Delivered Meals	No No	Cancer Fractures	2. 3 0. 0		100. 0	Nursing Staff per 100 Re (12/31/00)	esi dents
Other Meals Transportation	No No	Cardi ovascul ar Cerebrovascul ar	21. 8 18. 4	65 & 0ver	96. 6	 RNs	13. 3
Referral Service Other Services	No Yes	Di abetes	1. 1 3. 4	Sex	%	LPNs	4. 6
Provi de Day Programmi ng for		Respiratory Other Medical Conditions	3. 4 14. 9	<u>M</u> ale	17. 2	Nursing Assistants Aides & Orderlies	40. 9
Mentally Ill Provide Day Programming for	No		100. 0	Femal e	82. 8		
Developmentally Disabled ************************************	No ****	*********	*****	********	100.0	 *********************************	******

Method of Reimbursement

	Medicare (Title 18)				Medicaid (Title 19)			Other Private			Pay		Manageo	d Care		Percent	
		•	Per Die	m	•	Per Die	m		Per Die	m		Per Dien			Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	2	100.0	\$243.81	58	89. 2	\$98. 03	0	0.0	\$0.00	20	100.0	\$122.48	0	0.0	\$0.00	80	92.0%
Intermedi ate				7	10.8	\$80. 31	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	7	8.0%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj		0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	it 0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total		100.0		65	100. 0		0	0.0		20	100.0		0	0.0		87	100.0%

Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Deaths During Reporting Period % Needi ng Total Assistance of Activities of Percent Admissions from: % Totally Number of Private Home/No Home Health 7.9 Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents Private Home/With Home Health 0.0 Bathi ng 1.1 21.8 77. 0 87 Other Nursing Homes 13. 2 Dressi ng 13.8 34. 5 51.7 87 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Transferring 21.8 87 65.8 35.6 42.5 29.9 87 0.0 Toilet Use 16. 1 **54.** 0 12.6 0.0 Eating 42. 5 44.8 87 Other Locations ******* 13. 2 Total Number of Admissions Continence Special Treatments 38 Receiving Respiratory Care
Receiving Tracheostomy Care
Receiving Suctioning
Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 4.6 9. 2 Occ/Freq. Incontinent of Bladder Occ/Freq. Incontinent of Bowel Private Home/No Home Health 10.4 64. 4 0.0 Private Home/With Home Health 31.0 4. 2 1. 1 Other Nursing Homes 8. 3 0.0 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 8.3 Mobility 1. 1 Physically Restrained 0.0 0.0 23.0 0.0 Other Locations 2. 1 Skin Care Other Resident Characteristics 3. 4 Deaths 66. 7 With Pressure Sores Have Advance Directives 87.4 Total Number of Discharges With Rashes Medi cati ons 4.6 Receiving Psychoactive Drugs (Including Deaths) 12.6

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

		Ownershi p:		Bed	Si ze:	Li ce	ensure:		
	Thi s	This Government			199	Skilled		Al l	
	Facility	Peer	Group	Peer	Group	Peer Group		Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	92. 1	82. 7	1. 11	83. 6	1. 10	84. 1	1. 09	84. 5	1.09
Current Residents from In-County	72. 4	85. 7	0. 85	86. 1	0.84	83. 5	0. 87	77. 5	0. 93
Admissions from In-County, Still Residing	42. 1	34. 4	1. 22	22. 5	1. 87	22. 9	1.84	21. 5	1. 96
Admissions/Average Daily Census	40. 9	67. 7	0. 60	144. 6	0. 28	134. 3	0. 30	124. 3	0. 33
Discharges/Average Daily Census	51.6	72. 5	0. 71	146. 1	0. 35	135. 6	0. 38	126. 1	0.41
Discharges To Private Residence/Average Daily Census	7. 5	23. 7	0. 32	56 . 1	0. 13	53. 6	0. 14	49. 9	0. 15
Residents Receiving Skilled Care	92. 0	83. 9	1. 10	91. 5	1.00	90. 1	1. 02	83. 3	1. 10
Residents Aged 65 and Older	96. 6	83. 5	1. 16	92. 9	1.04	92. 7	1.04	87. 7	1. 10
Title 19 (Medicaid) Funded Residents	74. 7	77. 2	0. 97	63. 9	1. 17	63. 5	1. 18	69 . 0	1.08
Private Pay Funded Residents	23. 0	17. 9	1. 29	24. 5	0. 94	27. 0	0.85	22. 6	1. 02
Developmentally Disabled Residents	1. 1	3. 4	0. 33	0. 8	1.40	1. 3	0. 92	7. 6	0. 15
Mentally Ill Residents	35. 6	56. 6	0.63	36. 0	0. 99	37. 3	0. 96	33. 3	1.07
General Medical Service Residents	14. 9	14. 3	1. 04	21. 1	0. 71	19. 2	0. 78	18. 4	0.81
Impaired ADL (Mean)	64. 6	50.8	1. 27	50. 5	1. 28	49. 7	1.30	49. 4	1. 31
Psychological Problems	12. 6	61. 2	0. 21	49. 4	0. 26	50. 7	0. 25	50. 1	0. 25
Nursing Care Required (Mean)	5. 3	6. 6	0. 80	6. 2	0. 86	6. 4	0. 83	7. 2	0.74